

Part 5. TO BE COMPLETED FOR MORTUARY APPLICATIONS ONLY:

22. Does this facility have a preparation room? Yes No
23. Is the business complying, and will the business comply, with all of the Board of Funeral Service regulations with respect to the preparation room as referred to in the Administrative Rules of Montana? Yes No

Part 6. TO BE COMPLETED FOR MORTUARY BRANCH FACILITY APPLICATIONS ONLY:

24. Does the Branch Facility have a preparation room? Yes No
25. What is the name of the Mortuary that this facility is a branch of:

_____ MORTUARY NAME

_____ MORTUARY LICENSE #

Part 7. TO BE COMPLETED FOR CREMATORY APPLICATIONS ONLY:

26. Are you complying and will you comply with all local state and federal building codes and regulations regarding environmental impact on the area in which the crematory is located? Yes No
27. Describe the type of structure and equipment: (Use back of form if necessary)

Manufacturer _____ Model _____

Number of Retorts _____ Cremation Vaults _____

Part 8. PLEASE LIST ALL LICENSED AND UNLICENSED PERSONNEL WORKING IN THIS FACILITY:

Last	First	MI	SS#	License #	Position
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Cosmetologists.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, _____ at

City/State

Notary Public

SEAL

City/State

My commission expires _____, _____.